IN PATIENT DETAILED BILL

Patient Name	: **Mrs.CH.NELIMA**		Patient Id	:	**MHK202300502**
Patient Type	: IP		Bill No	:	MMH/KM/IPK00038
Gender	: Female		IP No	:	IPK00036
Age	: 25 Y 0 M 4 D		Ward/Bed	:	SINGLE ROOM NON AC / 10
Doctor Name	: Dr.SATYANARAYANA		DOA	:	18/12/2023 9:11PM
Speciality	: NEURO SURGEON		DOD	:	
Entity Type	: CASH		Bill Date	:	22/12/2023
Payer	: CASH				

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
BED CHARGES							
1	22/12/2023	BED CHARGES - SINGLE ROOM	4.00 days	₹	3,000.00	₹	12,000.00
CASUALTY							
2	22/12/2023	CONSULTATION	4.00	₹	1,000.00	₹	4,000.00
LABORATORY							
3	20/12/2023	ELECTROLYTES	1.00	₹	500.00	₹	500.00
4	22/12/2023	SURGICAL PROFILE	1.00	₹	1,780.00	₹	1,780.00

Gross Amount	₹	**18,280.00**
Net Payable	₹	**18,280.00**
Advance Amount	₹	**18,280.00**
Received Amount	₹	**0.00**

Received Amount In Words : Eighteen Thousand Two Hundred Eighty Only

RAYAPUREDDI VINODKUMAR
Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	19/12/2023	MMH/KM/RECAP00079	CASH	Advance Amount	7,000.00
2	20/12/2023	MMH/KM/RECAP00081	CASH	Advance Amount	2,500.00
3	22/12/2023	MMH/KM/RECAP00088	CASH	Advance Amount	8,780.00